U.S. artment of Labor Office or Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLMS OF	
1. File Number U - 7/85	2. Fiscal Year Covered From:
	7/1/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JASON A (OPIMSCE)	Name MLBPA
e e e e e e e e e e e e e e e e e e e	Labor Organization File Number <u>(の64~7)プ</u>
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 11600 WEST 14876	Street 12 EAST 45 12 STFLCT
CHY OVERLAND PARK	City NEW YORK
State [LANGAS ZIP Code + 4 66221	State NEW YOLK ZIP Code + 4 10017
5. Position in labor organization. PLATER REPRESETMENT PENEZON COMMETTES	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or emonetary value from an employer whose employees your organization.     Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.
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6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	on represents or is actively seeking to represent.
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monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZiP Code + 4	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  ZiP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
City  State  ZiP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including trade name, if any) accompany	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)  On 8-11-05 913-239-8738
Street  City  State  ZiP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)

## FILDENDUM



American League Champions '66, '69, '70, '71, '79, '83 World Champions '66, '70, '83

IN. 2004 I RECEIVED ENPORSEMENT INCOME FROM ADPIDAS AND LOUISVILLE SCUBLER, INSOFAR AS I KNOW, DO NOT DO BUSINESS WETH THE MLBPA, BUT THAT MAY DO ONE OR MORE MAJOR LEAGUE BAGEBALL CLUBS AND/OR WITH MAJOR LEAGUE BASEBAIL. I DO NOT KNOW WHETHER AM OF THESE DUSENESSES HAVE SUCH EXTENSELLE Common CEAL CRALENGS WATH THE CLUBS AND OR WATH MAJOR LEAGUE BASEBALL THAT THOSE COMMERCEAL CLEALENGS REPARESENT A " SUBSTAIN FEAL PART" OF THEIR OUGHALL BUSENESS OPERATEDING. HCLORDENBLY, IN A GOOD FAITH EFFORT TO FULLY MEET (AMD PERHAPS GO BEYOND) MY REPORTEM OBLIGATION, I AM STOPTENG BELOW THE AMOUNT OF GNAORSGINENT INCOME I LECELVED FROM EACH OF THESE BUSINESSES IN 2004.

HODEDAS - 4000. BALTIMORE ORIOLES - ORIOLE PARK AT CAMDEN YARDS